

Letters to the Editor

Safeguarding

Recently, the GDC has confirmed 'Safeguarding' to be included as recommended CPD. Working as a foundation dentist in a high-needs area of the country, I would like to offer an opinion on how this may influence younger dentists.

Younger clinicians have a lot to consider in their first few weeks in general practice: not only do they have to remember how to hold a drill after a long summer break, but they also have to integrate efficiently with their practice team and communicate well with their patients. If you throw into the mix a child or vulnerable adult with the signs of abuse, this can be daunting, even for an experienced clinician and, although support for foundation dentists is good, it can be challenging to know exactly how best to sit down with the parents/carers and explain your concerns. However, it is an essential responsibility required of every dental health professional to know how to safeguard vulnerable patients, whether they are experienced or not.¹

With it being estimated that 1 in 5 children in the UK have experienced some form of maltreatment in their lifetimes,² there is no wonder that there is an onus on healthcare professionals to notice abuse or neglect and act accordingly. Many graduates may have moved to different parts of the country for their dental foundation year and may be unaware of different local cultures and perceptions of dental health. A child requiring a new filling at every check-up may be a case for dental neglect in a low-needs area of the country, but this may be less significant in an area where 3-year-olds requiring clearances under GA aren't unheard of. Of course, reporting any concerns within the practice and regional safeguarding frameworks³ would be necessary, however, the reasons behind such concerns could impact on locally held dental health beliefs rather than be an isolated case of neglect.

Parents or carers may take younger dentists less seriously and giving advice or recommendations can be difficult. However, children, adolescents and young adults may be more inclined to confide in someone their own age, thereby giving an

advantage to younger clinicians in discovering neglect or abuse.

Undertaking CPD in 'Safeguarding' at an early stage in one's career will lead to a better understanding of how to manage situations of neglect or abuse, as well as giving the confidence to raise concerns as necessary. I am pleased that the GDC has placed 'Safeguarding' on its highly recommended list to highlight its importance and to promote good quality, verifiable CPD courses from which everyone can benefit.

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References

1. GDC Standards for the Dental Team, Section 8.5
2. Radford L *et al.* *Child Abuse and Neglect in the UK Today*. London: NSPCC, 2011.
3. Child Protection and the Dental Team: Flowchart for Action.

Home remedies for toothache – believe it or not

We write this letter to share with your readers an interesting case regarding the usage of home remedies for control of toothache after documenting a bizarre habit for alleviating toothache in a 23-year-old male patient. The patient, complaining of toothache in the mandibular left posterior region, revealed that he had been frequently using a *petrol* mouthwash for relieving toothache for the last 3 weeks and initially had also placed tobacco in the same region for the last 3 days to alleviate pain. The patient was immediately counselled and referred for an endodontic treatment. On enquiring about the use of *petrol* as a mouthwash his answer was equally as astounding for his friends had also used *petrol* as a mouthwash with efficacious results. The placement of tobacco in the toothache region for relieving pain is an age-old custom that is commonly used in rural parts of northern India. The culture of placing tobacco for alleviating pain is deep-rooted and is difficult to eradicate.

The above case made the authors curious about the use of various home remedies for alleviating toothache and they conducted an internet search about home remedies. Interestingly, the internet search revealed equally bizarre findings like extra

virgin olive oil, vanilla extract, salt mixed with pepper, soy sauce, jalapeno pepper, hydrogen peroxide, garlic paste, onion, colloidal silver, whisky, clove oil, rum, cough medicine, baking soda, peppermint gum, etc.¹ The above list of remedies for alleviating toothache is almost like a dentist reading a 'Ripley's believe it or not'. The use of aspirin or the application of desensitizing toothpaste, after going through the above list, certainly does not look like an unusual finding! The myriad of cultures, patients' lack of knowledge, taboos, unregulated internet information, financial reasons and lack of a pain-killer during an emergency may be the reasons for the use of home remedies. Instead of having a dental opinion patients prefer internet surfing and seeking their own 'expert' opinion. The use of various home remedies can cause chemical burns, lichenoid reactions and allergic reactions, thereby adversely affecting treatment and occasionally causing a disastrous result.² Although the use of home remedies may be helpful in emergency conditions, for momentarily relief, their use should generally be discouraged.

Unfortunately, home remedies, owing to their innocuous nature, are overlooked by dentists for the control of toothache and are often dismissed. We feel that this issue should be treated with more importance by dentists. Although dentists cannot regulate unrestricted accessible internet information, they must educate patients about the detrimental effects of home remedies and discourage their use.

References

1. www.homeremedies.com Toothache pain. Accessed 28 August 2014.
2. Rostami AM, Brooks JK. Intraoral chemical burn from use of 3% hydrogen peroxide. *Gen Dent* 2011; **59**: 504–506.

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